CHOKE/SAVE COURSE SCHEDULE FOR RESTAURANT EMPLOYEES



2012 - 2013

Come learn and review current choke/save techniques for yourself and others. This class meets the requirements of the MASS GOVERNMENT LAW, Food Code 105 CMR 590.009(E). "Anti-Choking Procedures on food service establishments with 25 or more seats must have an employee trained in anti-choke procedures at all times the establishment is open." COURSE CERTIFICATION CARD PRESENTED UPON COMPLETETION.

Newton City Hall, Room 222 1000 Commonwealth Ave, Newton, MA

Memorial Bldg, Framingham Town Hall, Board of Health Office, 150 Concord St., Framingham, MA

Tuesday, January 8, 2013 Tuesday, February 5, 2013 Tuesday, March 5, 2013 Tuesday, April 2, 2013 Tuesday, May 7, 2013 Tuesday, June 4, 2013 Tuesday, September 10, 2013 Tuesday, October 1, 2013 Tuesday, November 5, 2013 Tuesday, December 3, 2013	3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM	Tuesday, January 8, 2013 Tuesday, February 5, 2013 Tuesday, March 5, 2013 Tuesday, April 2, 2013 Tuesday, May 7, 2013 Tuesday, June 4, 2013 Tuesday, September 10, 2013 Tuesday, October 1, 2013 Tuesday, November 5, 2013 Tuesday, December 3, 2013	9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM 9:30-10:30 AM 3:30-4:30 PM
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Cost: \$25.00; \$30.00 for walk-ins, space permitting. Interpreters will not be charged Submit payment and clip registration form send to:

B. Oleson 7 LeBaron Way Mattapoisett, MA 02739

Questions:

(508) 758.3188

(508) 596-2610 (cell)

Email: bdoleson@gmail.com

Note: You will be notified if your registration is received after the class is full or if there are not enough students enrolled to offer the class. Otherwise, come to the class that you registered for. IF SCHOOL IS CANCELLED THAT DAY, CLASS IS CANCELLED. The instructor will call to re-schedule..

Cancellation Policy: Refunds will only be given if we are notified two weeks in advance of the class, or a student may be replaced after notification to the instructor.

Name:	 	 	•
Home Address:			
Restaurant:		 ·	7-1-1-1
Date of Attendance:			
Phone Number:			•